



## **PERFORMANCE EVALUATION REPORT**

\_\_\_\_\_ is required to have submitted on his/her behalf a performance evaluation report every three (3) months. Please complete and return this form to ArNAP staff, Arkansas State Board of Nursing:

[tgierke@arsbn.org](mailto:tgierke@arsbn.org) or fax (501)686-2714

1. Field/Type/Area of Nursing: \_\_\_\_\_
2. Position of nurse being evaluated: \_\_\_\_\_
3. Shift/Schedule: \_\_\_\_\_
4. Supervision: Is this nurse required under their ArNAP contract to have another nurse working in the same setting and to be readily available to provide assistance and intervention? ☐ Yes ☐ No  
If 'Yes', who is the nurse working under the supervision of? (Provide name or describe position of person who is supervising.) \_\_\_\_\_  
\_\_\_\_\_
5. Attendance: In the past 3 months, how many times has the nurse been absent? \_\_\_\_\_  
Tardy? \_\_\_\_\_ Is there a pattern of absenteeism or tardiness? ☐ Yes ☐ No  
If 'Yes', describe: \_\_\_\_\_
6. Quality of work: ☐ Above average ☐ Average ☐ Below average  
Comments: \_\_\_\_\_
7. Have you noted any medication errors or discrepancies involving the nurse? ☐ Yes ☐ No  
Comments: \_\_\_\_\_
8. Nurse's documentation skills: ☐ Above average ☐ Average ☐ Below average
9. Interpersonal relationships with peers: ☐ Above average ☐ Average ☐ Below average
10. Has the nurse been counseled or disciplined in the work setting? ☐ Yes ☐ No
11. To the best of your knowledge, do you believe the nurse is maintaining abstinence from all mood-altering substances, including alcohol? ☐ Yes ☐ No ☐ Unsure
12. Concerns/Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name and Title)

\_\_\_\_\_  
(Nurse's Signature)

\_\_\_\_\_  
(Date)

Due dates: \_\_\_\_\_

Adopted: November 2018